

- INSTRUCTIONS: 1. Submit this form to ISDH with the appropriate report form and copy of prescriptions.
 - Do not write patient names or notes on this form. Keep a copy for your records.
 - 3. ISDH Fax number is (317) 233-7747.
 - 4. PCA will send a packing list with the order. Check this list against your copy for accuracy.
 - 5. If a discrepancy is found, please call PCA at (800) 722-0772.
 - 6. See notes at the bottom of the page.

County Name:		Date of Request: Account # (county code): Nurse's Name: Phone Number:					
				ITEM NUMBER	DRUG NAME	UNIT OF ISSUE	QUANTITY (of bottles)
				A3271-030IS A3269-030IS A3272-016IS	Isoniazid 300 mg tabs Isoniazid 100 mg tabs Isoniazid Liquid 50 mg/5ml	30 tabs/btl 30 tabs/btl 16 oz. Btl.	
				B6703-060IS B6702-030IS	Rifampin 300 mg caps Rifampin 150 mg caps	60 caps/btl 30 caps/btl	
B6250-060IS	Pyrazinamide 500 mg tabs	60 tabs/btl					
A4976-100IS A4975-100IS	Ethambutol 400 mg tabs Ethambutol 100 mg tabs	100 tabs/btl 100 tabs/btl					
A6081-100IS	Pyridoxine (Vitamin B ₆) 50 mg tabs	100 tabs/btl	-				
A4945-100IS	Rifabutin, 150 mg caps*	100 caps/btl					
A4200-050IS FLAB-014	Levofloxacin, 500 mg tabs* Prescription Labels	50 tabs/btl					
	(14 labels/page) Minimum Order 10 pages	Pages					

NOTES: This form is for local health department use only.

For patients who have TB disease or who are TB suspects, submit State Form 14058 "Report of Tuberculosis." Drugs for patients with TB disease will be supplied for a maximum of 6 months at a time.

Drugs for TB suspects will only be supplied for the first 3 months of treatment. The balance may be requested once a diagnosis of TB has been made.

For patients who are being treated for latent TB infection, submit State Form 49894, "Report of Treatment for Latent TB Infection." Drugs for the entire treatment period should be requested at one time.

^{*}Prior approval is required for levofloxacin and rifabutin.